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RECOMMENDATIONS FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES IN THE MIDDLE EAST AND NORTH AFRICA REGION*

SUMMARY

The present document contains recommendations for additional general resources to fund the approved country programmes in the Middle East and North Africa region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme periods. The Executive Director recommends that the Executive Board approve additional general resources in the following amounts, totalling $3,250,000, to achieve the objectives of the country programmes as originally approved by the Board.

Country/programme	Amount (United States dollars)	Current programme cycle
Sudan	2 000 000	1991-1995
Tunisia	1 250 000	1992-1996

Annual funding requirements of the two countries are provided in the table.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

I. SUDAN

1. The programme of cooperation for the Sudan for the period 1991-1995 was approved by the Executive Board in 1991 with available general resources of $25 million (E/ICEF/1991/P/L.18). In 1992, the annual planning level for general resources was raised from $5 million to $5.5 million owing to a high implementation level, the need to sustain achievements made towards universal child immunization and the availability of additional resources. Additional allocations from general resources also were required because specific-purpose contributions to the Sudan have been significantly less than planned. Against a projection of $43.2 million as new unfunded supplementary funding for regular programmes for the period 1991-1993, actual receipts have been as low as $6.6 million. In this context, reliance on general resources for critical minimum support for the programme takes high priority. Therefore, an estimated shortfall of about $2 million in the approved funds is projected for the year 1995. The present submission covers a request for approval of an additional $2 million from general resources until the end of the 1991-1995 programme cycle.

2. Even with good harvests in the last two years and economic growth estimated at 7.6 per cent in 1992 and 4.3 per cent in 1993, real family incomes have deteriorated because of inflation exceeding 100 per cent per year and rapid depreciation of the Sudanese pound. High government budget deficits continue to restrict public expenditure on essential social services, reducing subsidies and social services for most Sudanese. Meanwhile, external development assistance to the country declined sharply from $1,128 million in 1985 to $887 million in 1991.

3. The civilian population on both sides of the continuing civil conflict remains severely affected by the lack of food, shelter, safe water, health and education services. In 1993, some 7.6 million people - over one third of them children - were in need of relief services as a result of the conflict, displacement and drought in both northern and southern Sudan.

4. Infant and under-five mortality rates in the Sudan continue to be as high as 100 and 166 per 1,000 live births, respectively. The maternal mortality rate is 550 per 100,000 live births. Malnutrition affects between 20 and 40 per cent of children under five years of age, especially in areas affected by armed conflict. About 30 per cent of the rural population has access to safe water, as does 25 to 50 per cent of the urban population. Less than 60 per cent of all children of school age (64 per cent for boys and 50 per cent for girls) were reported to be enrolled in primary school. More than 80 per cent of all women are illiterate. The psycho-social needs of children affected by war are not addressed adequately.

5. The Sudan was one of the first countries in the region to develop a national programme of action for implementation of the World Summit for Children Declaration and to ratify the Convention on the Rights of the Child. The National Council for Child Welfare has been established under the chairmanship of the President to monitor progress. UNICEF will support the catalytic role of the Council in (a) social mobilization; (b) monitoring and implementation of the

NPA and Convention; (c) resource mobilization and targeting of resources for achieving the mid-decade goals; and (d) promotion of enabling legislation as required. The country's national comprehensive strategy, 1993-2003, reflects the targets and strategies relating to the decade goals. State programmes of action are being developed for several states. An extrabudgetary allocation of 2 billion Sudanese pounds was provided for the national programme of action, and some debt conversion initiatives cover programmes with UNICEF-assisted components. In October 1993, the Government formally endorsed the mid-decade goals and prioritized them in line with existing realities and its own capacities.

6. Important lessons have been learned through the implementation of the current programme. Because of the vast size and the nature of the country's terrain and its scattered and constantly moving population, extra efforts are required to reach vulnerable groups. Advocacy and mobilization efforts for child survival and development need increased support by stronger technical, material and financial resources from cooperating agencies and donor Governments. Increased service delivery needs to be complemented with enhanced capacity-building efforts at national and subnational levels, as well as empowerment of communities to promote sustainability. Sustainability also requires stronger advocacy for higher levels of resources from the Government, further integration of programme components and greater use of cost-effective strategies. UNICEF assistance can be catalytic. However, a more coordinated and collaborative effort on the part of the Government with United Nations agencies and non-governmental organizations (NGOs) is essential. Integration of emergency interventions with the regular programme is necessary to enable a continuum of relief, rehabilitation and development.

Goals and objectives

7. The 1991-1995 programme focuses on the decade goals to reduce infant, under-five and maternal mortality rates and malnutrition, as well as to improve access to basic education, safe water and sanitation while safeguarding the survival of children at risk as a result of the emergency. The major objective of the programme during the remainder of the current cycle will be to support the achievement of a priority set of mid-decade goals. UNICEF will provide technical support for the planning, delivery, monitoring and evaluation of the programme of cooperation; critically needed supplies for health, nutrition, drinking water supply and sanitation; and education services for disadvantaged and vulnerable groups, especially women and children. Cross-cutting strategies will include advocacy and social mobilization; capacity-building of local institutions; and empowerment of communities, especially women, in better planning of their own development. More integration of emergency services with regular programme services will help to provide a link between emergency relief and rehabilitation. A joint effort will be undertaken with the Census Department to utilize fully information from the 1993 census on the situation of children and women, inter alia, to develop a database for monitoring progress towards the decade and mid-decade goals.

8. Under the health and nutrition goals, the presidential directive of October 1993 requires all state governors to be responsible for achieving 80 per cent immunization coverage in their respective states. An accelerated

nationwide measles vaccination campaign will aim to reduce measles-related deaths by 95 per cent and measles cases by 90 per cent. The national strategy of iodization of salt to eliminate eventually iodine deficiency disorders will be implemented. Similarly, the elimination of vitamin A deficiency will be promoted through monitoring and surveillance, fortification of UNIMIX (a supplementary feeding product) with vitamin A, distribution of vitamin A capsules in high-risk areas and vigorous promotion of breast-feeding, which will also be a key activity of the Baby-Friendly Hospital Initiative. The mid-decade goals of achieving 80 per cent use of oral rehydration therapy (ORT) and reducing severe and moderate malnutrition by one third of 1990 levels appear to be especially challenging.

9. Plans of action for those mid-decade goals are being developed in partnership by the Ministry of Health, UNICEF and the World Health Organization (WHO). Priority strategies include mapping of high-risk areas. Coordination within Operation Lifeline Sudan (Khartoum and Nairobi) will be streamlined to reach more people in the transitional zones and other areas. The role of communities in increasing immunization coverage and improving home management of acute respiratory infections (ARI) and diarrhoeal diseases will be strengthened. Capacity-building strategies will include advocacy for states to have separate budget allocations for primary health care (PHC) activities and improved use of resources through better cost-analysis and more cost-effective strategies. For example, most health facilities have trained personnel but need assistance to upgrade their infrastructure. In order to monitor progress better, the supervision and strengthening of the health information system will be supported.

10. UNICEF will provide support for integrating the "Facts for Life" initiative with PHC components, rebuilding the role of the Health Education Department as a centre for PHC programme communication, and further strengthening of programme communication in national programmes. The Kordofan Facts for Life project will be redirected to focus on the "child-friendly" villages, water supply and sanitation project areas and the United Nations Development Programme (UNDP) area development schemes.

11. To help achieve health and nutrition goals as well as other important goals, increased access to safe water supply and sanitation will be promoted. The mid-decade goals are to increase access to safe water from 40 to 55 per cent, and access for sanitation from 35 to 42 per cent. UNICEF will support the development of a strategic investment plan for low-cost water supply and sanitation as part of the 10-year national comprehensive strategy to address community needs and to attract the support of other donors. Each state will have a project unit for effective programme delivery and to strengthen its monitoring capacities. Greater involvement of women will be promoted as part of enhancing community participation. Site selection for water will target villages with high need and those affected by dracunculiasis (guinea worm disease). Hygiene education and promotion for improved sanitation will be expanded. In primary schools, water supply, sanitation and hygiene education activities will help to introduce positive behavioural changes in children. In order to sustain the operation and maintenance of the growing hand-pump network nationwide, local pump manufacturers and suppliers will be encouraged to participate.

12. In basic education, increasing enrolment to 70 per cent from the 1990 level of 56 per cent will be the target for 1995. A second goal is the promotion of girls' education, through formal and non-formal channels, to reduce gender disparity in enrolment by one third. These efforts will require greater awareness among parents, religious and community leaders as well as education planners and policy makers. UNICEF will support a government literacy campaign for young women and female school drop-outs. Special efforts will reach more children among the nomads, displaced and war-affected families. School infrastructures rehabilitated by the emergency education project will be supplemented with basic education supplies and teacher training. UNICEF assistance will focus more on teacher training, as the role of a teacher is to enhance the capacity of children to deal with life's basic needs. Also, the development of a system for measuring basic learning achievements and strengthening databases for educational planning are important areas for UNICEF support.

13. A stronger conceptual framework to guide project design, implementation, monitoring and evaluation for women in development will evolve. For example, female participation will be strengthened to promote women's "ownership" of projects based on community priorities. This would also facilitate sustainability and going-to-scale through sectoral service programmes. Eradication of harmful traditional practices - a country-specific national programme of action goal - will be pursued through advocacy with NGOs, the United Nations Population Fund (UNFPA), WHO and community organizations to eliminate practices detrimental to women's health and development such as female circumcision and early marriages. A survey to establish baseline knowledge, attitudes and practices and to monitor progress on the elimination of harmful traditional practices will be vital. Parents, community leaders, traditional birth attendants, health workers, traditional healers and the youth will be among the key target groups for the elimination of such practices. Development of disaggregated indicators for monitoring the status of women and a gender-sensitive database in women in development units of different ministries will be supported.

14. The programme for children in especially difficult circumstances will enlarge its focus and broad-based partnerships. Situation analyses, particularly at state levels, will identify and prioritize other major groups of these children in addition to street children and generate better data for planning and monitoring. Advocacy with the Government will encourage NGO participation in project implementation and monitoring. Special emphasis will be placed on addressing the psycho-social needs of children affected by armed conflict. For example, rapid situation analysis will be followed by community-based interventions, such as using PHC workers, schoolteachers and religious and traditional leaders to help traumatized children.

Cooperation with other partners

15. Cooperation with other United Nations agencies, such as that with the United Nations Development Programme (UNDP) on area development schemes and "child-friendly" villages in Kordofan, will be strengthened. Participation of all United Nations agencies for the development and monitoring of the mid-decade and decade goals and for capacity-building at subnational levels for planning,

management and monitoring of activities and programmes related to the goals will be a high priority. Collaboration with other United Nations agencies also will help to improve the utilization and effectiveness of other externally aided activities which are related to the national programme of action goals and the Convention on the Rights of the Child.

II. TUNISIA

16. The programme of cooperation between the Government of Tunisia and UNICEF for the period 1992-1996 was approved by the Executive Board in 1991 with available general resources of $3.75 million (E/ICEF/1991/P/L.23). In 1992, the annual planning level for Tunisia was increased to $1 million. This decision reflects the intention to strengthen small country offices or those which have recently been upgraded to this level. This has made it possible to fund activities in Tunisia to maintain the gains of immunization and to promote advocacy on behalf of young girls within the framework of activities undertaken in the Maghreb by the Arab Maghreb Union. In order to reflect this increase and to ensure that additional resources are made available, additional general resources of $1.25 million are required for the period 1995-1996. A new country programme recommendation will be submitted to the Executive Board in 1996.

17. The early 1990s were marked by social and economic difficulties. The Gulf War, which has had a damaging effect on the country, caused an external trade deficit of $150 million, an unemployment rate of 16 per cent and a rate of inflation of 8.5 per cent. Increases in the prices of consumer goods have further eroded the purchasing power of low-income families. Beginning in 1992, the country experienced a significant decline in economic growth, which fell from 8 per cent to 2.9 per cent. That decline will have inevitable consequences for the overall economic environment, creating an adverse trade balance, greater unemployment and negative effects on the poorest and most vulnerable segments of the population. Surveys conducted in the early 1990s indicate that one sixteenth of the total population continues to live in conditions of absolute poverty.

18. Access to health services further reflects the disparity between coastal and interior regions. Despite the existence of an infrastructure of 4,000 fixed and mobile centres, the rate of utilization of some preventive services remains fairly low because the population continues to be uninformed about or unaware of the need for adequate care.

19. Infant and under-five mortality rates increased respectively to 45 and 62 per 1,000 live births in 1991. Neonatal mortality accounted for 50 per cent of infant mortality. Premature births, low birth weight and acute respiratory infections (ARI) were among the major causes of death. Diarrhoeal diseases and ARI were responsible for about 50 per cent of the deaths among children under five years of age. On the other hand, there was a marked decline in diseases targeted by the national immunization programme. In 1992, epidemiological reports recorded no cases of diphtheria, 4 cases of polio, 4 cases of neonatal tetanus and 11,800 cases of measles, the majority of which occurred among school-age children.

20. School enrolment ratios are relatively high in Tunisia (100 per cent for boys and 89 per cent for girls). Yet, the drop-out rate is high, particularly among girls in rural areas where it is 25 per cent after the sixth year of primary school. Dropping out is linked to economic, social, cultural and geographical factors, such as inaccessibility or isolation.

21. The first three years of this decade were encouraging ones for children in Tunisia. Tunisia promoted the adoption of the World Declaration on the Survival, Protection and Development of Children, drafted at the World Summit for Children, and also ratified the Convention on the Rights of the Child. That commitment led to the establishment of a national programme of action of long-term objectives for the year 2000. The League of Arab States meeting on children, held at Tunis in 1992, made it possible to define intermediate objectives for 1995. The Government organized programme review in April 1993 confirmed that these objectives could be easily integrated into the programme without requiring any changes in its current structure, as approved by the Executive Board in 1991.

Health

22. Tunisia made significant progress in the area of immunization, achieving over 85 per cent immunization coverage for children against pertussis, diphtheria, polio, measles, tetanus and tuberculosis and more than 77 per cent immunization coverage for pregnant women against tetanus. Similarly, through social mobilization and health education, 96 per cent of mothers came to recognize the importance of immunization for the health of the child. The goal of this project is to maintain immunization coverage of children and mothers, to eliminate polio and neonatal tetanus and to reduce the incidence of measles by 90 per cent by 1996. In order to achieve that goal, decentralization of programme management at the regional and local levels has been made a priority. This measure has become part of the country's overall policy to reduce the disparity in PHC between the different provinces and is aimed at strengthening the team capacity in the field.

23. The project on the control of diarrhoeal diseases helped to reduce diarrhoea-related infant mortality. The incidence of diarrhoeal episodes per child under five years of age dropped to 2.8 per year in 1992. This improvement was due primarily to social mobilization campaigns undertaken during the summer season, focusing on the prevention of diarrhoeal diseases, treatment of dehydration with oral rehydration therapy and proper diet. The development of human resources at several levels began with the training of medical and paramedical officers in the public sector and, with the cooperation of professional associations, of approximately 100 private paediatricians and pharmacists. The project is designed to reduce the rate of diarrhoea-related deaths from 1.8 to 1 per thousand live births among children under five years of age by 1996. Primary focus will be placed on integrating this type of health-care activity with other PHC components, training private and public health-care personnel in the prevention and care of diarrhoeal diseases and health education for mothers through direct contact and the media.

24. A major training effort was made under the project to control ARI. ARI treatment modules have been developed using modules recommended by WHO. The

training of health-care personnel at all levels made it possible to extend the programme throughout Tunisia as of 1992. A national survey on ARI-related morbidity and mortality has just been completed. The goal of the project was to reduce ARI-related deaths among children under five years of age by 25 per cent by 1996. A national policy to integrate ARI control with PHC was introduced. This policy includes the training of personnel in the treatment of those diseases and educating parents in the prevention and identification of the ARI symptoms and making them aware of the treatment that is available at the nearest health-care centres.

25. One third of the children in the governorates in the north-west part of the country suffer from health problems related to iodine deficiency. The incidence of iodine deficiency in the coastal areas is approximately 4 per cent, while insufficient levels of iodine in the urine are much more common. Iodization of salt is currently practised in only four governorates and the regulation rates are far below WHO standards. The target for 1995 is to ensure that iodized salt is available throughout the country.

26. In the field of maternal and child health (MCH), only 45 per cent of the women made effective use of the services offered and only 65 per cent of the medical and health-care personnel had been trained in MCH and managing and evaluating activities. The project drawn up is currently being executed in order to enhance the capability of medical and health-care personnel in the public and private sectors. By 1996, at least 80 per cent of mothers and children, particularly in rural areas, should have access to MCH care services. The progress already achieved will be consolidated and MCH services will be expanded and developed at all levels. All these actions will be carried within the framework of the health districts. This level of optimum decentralization (population groups of 30,000 to 100,000 inhabitants) will make it possible to ensure better use of resources and take decisions that are better adapted to specific conditions in the field. It is a matter of gradually developing the capability of health teams to plan, manage, monitor and evaluate the integrated MCH and child services at the peripheral level. Social mobilization and community participation will be continued by revitalizing the local health councils.

Education

27. Since the World Conference on Education for All, Tunisia has been committed to improving basic education. The main areas of UNICEF cooperation have focused on: (a) reviewing the national strategy to care for pre-schoolchildren; (b) improving school attendance and the internal and external output of the new basic schools, including measures to prevent dropping-out of school, particularly among girls and in rural areas; and (c) revitalizing and reorienting the programme to combat illiteracy through acquisition of essential life skills. The activities carried out include reviewing the training of educational personnel and the materials used in working with pre-schoolchildren, setting up 250 social action units within basic schools and gradually introducing, starting with the elementary classes, education for health, and opening 35 model literacy centres and enroling 650 participants, essentially women. UNICEF also provided assistance to an integrated school-development project in the Governorate of Kef as an inexpensive implementation model with

participation on the part of the local population. Initially, 30 basic schools received assistance in order to improve both the school environment as well as the quality and relevance of the teaching with regard to local conditions.

28. The project to care for pre-schoolchildren is designed to expand pre-school education from 5 per cent to 25 per cent by 1996. Through pre-schoolchildren, the project will seek to enhance the mothers' awareness of the concept of basic knowledge to ensure child survival. The personnel responsible for implementing this new policy will be trained; an audio-visual education system for instructing parents in caring for young children will be developed; and community kindergartens will be set up in the Kef region.

29. The basic education project aims at reducing the drop-out rate from 25 per cent to 10 per cent by 1996, particularly among girls in rural areas. Efforts to achieve this will be based on a mobilization strategy to be drawn up by the Ministry of Education and Science, in cooperation with non-governmental organizations, including the Tunisian Women's Union, and will be carried out at various levels in view of the need to reach teachers, children and their families. The project will also attempt to upgrade the quality of teaching because it is necessary to instil in children a critical awareness in accordance with the "elementary school" concept applied by Tunisia in restructuring its education system. The project will also aim to systematize the integrated school-development model experiment and expand it to 50 rural schools in the Kef region. The health education project in the schools will consolidate progress already made and focus on training regional inspectors and approximately 15,000 teachers.

Advocacy and social planning

30. This programme is designed to support recommended activities and actions by exerting a positive influence on the behaviour and attitudes of the targeted population groups and mobilize them to enhance the welfare of children. This strategy targets political decision makers, participants from non-governmental organizations, religious leaders, artists, and family and relatives. Together with the efforts agreed upon within the framework of mobilization to reduce child mortality, an advocacy strategy aimed at promoting the objectives of the applied nutrition programme (ANP) and the Convention on the Rights of the Child was implemented.

31. In order to promote advocacy on behalf of children, an information and data-collection system was set up. The database was used to formulate the ANP in identifying problems and establishing appropriate objectives and strategies. In order to ensure ongoing monitoring of efforts to achieve ANP objectives, a monitoring committee was established in 1993 and the Ministry of Planning undertook a commitment to monitor ANP activities within the framework of monitoring the eighth plan (1992-1996) and the ninth plan (1997-2001). To this end, UNICEF contributed by developing a monitoring system and training the regional and headquarters staff of the General Regional Development Board responsible for monitoring at the regional level.

32. The programme will aim to strengthen an information and data system for monitoring the situation of mothers and children, which will make it possible to

quantify progress achieved. The group responsible for monitoring the situation of mothers and children within the Ministry of Planning will receive special support. In 1995 and 1996, the Tunisian Government will regionalize the applied nutrition programme and establish objectives and regional strategies. This regionalization process consists of drawing up regional action plans according to governorates, which will be preceded by an analysis of the regional situation and accompanied by ongoing monitoring of progress made in achieving objectives at the regional level. The advocacy activities will encourage the implementation of plans and policies in the area of monitoring and child development. The data and information collected within the framework of the social planning project will help planners and decision makers gain a better understanding of the issue and thus better define development policies for children.

Monitoring and evaluation

33. UNICEF will provide technical assistance for monitoring and evaluating programme activities, by stressing, in particular, the objectives of the Convention on the Rights of the Child. A group for monitoring the implementation of the Convention, furthermore, has been set up within the Ministry of Youth and Children. Programme activities will be monitored at the level of the technical departments; and implementation of the global objectives will be monitored by a supervisory committee (in the Ministry of Planning). Emphasis will be placed on strengthening national and local capacities in the planning, implementation, monitoring and evaluation of programmes.

Breakdown of annual funding requirements

(In thousands of United States dollars)

Region/country	Current programme cycle	Approved general resources funding	Additional funding proposed		
			1994	1995	Total
Sudan	1991-1995	25 000	-	2 000	2 000
Tunisia	1992-1996	3 750	250	1 000	1 250
Total			250	3 000	3 250